197/9361 FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. ã A M (<u>)</u> j., TOTAL TOTAL TOTAL DEP. TOTAL DEP.

TOTAL CLAIMS

PTO-1360 (3-78)